SMA Promo Refresh Qual

(Aug 14, 2025 - 2:30pm)

(00:00:00 - 00:09:30)

**zhao:** Hello? How are you today? Good. Good. Good. Thank you so much for joining. I really appreciate it. Yeah. My name is Nancy. I'm the person who's gonna pester you with questions today, so thanks for putting up with me. I have lots of material, lots of communication to show you about SMA. Yes. I didn't I didn't write any of it. So, frankly, doctor, I don't care if you love it or you hate it. I just really want you to feel comfortable just giving your completely honest opinion. I will be asking a lot of I'll be asking you for your preferences about, like, different Yeah. things I show you, but, ultimately, I'll be most interested in the why you prefer one thing over another, and so I'll ask you that in a bunch of times. Sure. In terms of just the, the things that I'm required to tell you, like, obviously, don't tell me your last name because I have no idea who you are. Let's keep it that way. I Wanna protect your confidentiality. I have a few colleagues listening in. None of us know who you are. We're recording. It's just for research purposes. As you know, if you mentioned that your patient has had an adverse event on a medication, I have to write up a report about that. And sometimes I just do need to hustle people along when I'm interviewing them to get through all the material. That's Yeah. my whole spiel. Yes. Are I you good understand. with all that? Okay. Okay. Great. Can you tell me a little bit about your practice, please? Yeah. So I'm a pediatric neurologist, and, I work in, academic, medical center. And I also specialize, pediatric neuromuscular disease. And I've been working in this job for over twenty years. And, so today, Wow. we talk about, like, a SME. Right? Yeah. Yeah. So, I think, I see about, fifteen. Oh, I think it's probably eighteen. Right. I was fifteen card. Just just, of, writerly, fifteen with, SMA. Yeah. Okay. Great. And they're all pediatric. Is that what you're saying? You only Yeah. see For pediatric pediatric. patients? We do have in, Okay. like, a twenty year old. I would say two of them is over eighteen. So, theoretically, Okay. I would say eighteen as a pediatric, I think, fourteen pediatric to, teenager. Okay. Great. don't know. I don't wanna Right. it's it's I have teenagers, and I'm like, do they ever have to leave their pediatric doctors and dentists? Right. They're Right. so much better than the adult Exactly. doctors and Yeah. dentists. Yeah. Yeah. Yeah. Of those fifteen, do you have any who are not being treated, or are they all being treated? OPM. Yeah. All being treated. And I don't know if you know off the top of your head, like, what percentage is getting SPINRAZA, what's getting who's got how many have had Zolgensma, you Yeah. know, blah blah blah. Yeah. Of, we'll be, just differentiate. It's, Joe Jasmine, two patient. And they they they're getting a a treatment, before they were two year old. And, I have seven patient, with, Smiraza. And, I've, I have a, a four patient, with, like, a a Evrisky. a yeah. Yeah. it realistic. Yeah. The PO. I think I feel like I'm missing two. My math is not my specialty, but Zolgensma, seven Zolgensma, four Ebryzi. I don't know if there's some who had Zolgensma and now getting something else. Or Let's see. I think one patient, it's, spin runs, and, discontinued. And we are going to start, spin let's start, like, a, at risky. I think that's let's see. Nine, seven nine. Okay. Yeah. So, one patient I think I have one patient, maybe five patient with, Erisd. Okay. Can I ask why that patient, discontinued Spenrada? So he is having trouble to getting of, intrathecal injection. And his, Mhmm. older kids with, deformity even with, under the floor. And, we have trouble to, do injection. And every time it's a hassle. And, so that that's what it's also, when he get it, every time he has some type of, like, mining jet or something, there is a a couple of days right after that. There are just some internal transient. So I think that the that's the reason they are definitely, want to switch to, PO math. Okay. And with the Abrise, of your five patients and potentially six, are they how many of them are on the liquid versus the tablet? Oh, Happen liquid. to know I that. I think the one piece that we are working, switch to the tablet. Yeah. So I think there are several requests, so we are working on spreadsheets. Yeah. So far, That's they interesting. are they Okay. are we are we are sending prescription for the tablet. And I think that the the, I think the patient is able to swallow, and I think I prefer tablet. That's interesting. So has the interest in the tablet come more from the patient than you as the doctor sort of encouraging them to switch to the tablet? Yes. Yes. And I Mhmm. think, Mhmm. Mhmm. they have been, I think, preferred to be. Okay. In general, do you have a preferred SMA treatment? I theoretically, I thought, patient, with, we put definitely a new patient want to start, and I think, PO will be preferred. But, in reality, some patient do want to do the injection because they want to be doing every, four months and then they don't have to be, taking pill every day. So I think there is definitely some patient just just prefer pill. There's no Yeah. they are Yeah. not really acceptable, the intrathecal. They feel the procedure is invasive. But, some patient do, I will say, they feel like, taking pill every day. It's, but I think our patient, it's we start pretty early at the time. I think several patient was on SPIRANZA when the, has not approved. So that reason they have been continued. So that reason we see a Okay. little bit higher incident because I checked other my colleague, they were more is on a PO meds. So, yeah, I think patient was on SPIRANZA, and, they have been stable, and they have been continued. And they have Okay. not been, unless they develop a complication like the other teeth. And, So let me just pause here for a second. So if the mode of well, putting aside whether someone prefers getting an injection every four months or in, intrathecal injection versus taking Yeah. something I see. orally. Do you have a preference for SPINRAZA over or vice versa? I think efficacy to me, it's, similar because I have not really have do a lot of switch to see if a patient failed one and, switch to the other one, make a lot. But I had nice how come we have I I would definitely, had some people say, like, a response to. That's the reason we evaluate and to see whether it could be better. But that had not been happened. And I think the one case we switch is more of a, like a of a tolerable more like a of a infusion, procedure Okay. related. Okay. Okay. Are you aware of any products or treatments in development for products in development for the treatment of FMA? I think, there is a move to, I will say, extend, of, Spirotta to older age, and I think it's, for a lot of patients, this is probably ideal way to, not really require maintenance, therapy. The other thing people talking about the combination. But I do know I do know there is because of what we do, all this treatment is more of a neuroprotection protect, like, a a cell loss in the, anterior horn cell. It's more like protect the neuron and, just getting, SME one protein. But, there is other, I think, of, possibility, a target within the muscle because this is our I think with some patient, really, historically,



Screen Shared @ 00:09:30 by Nancy



(00:09:31 - 00:56:20)

**zhao:** They had, muscle atrophy. They will have definitely weak muscle. Even with ProtectNeuro has not been having muscle targeted therapy. And Yeah. I think this is, Okay. it's definitely, I think it's probably, a big, a major, I think, what do you say? Additional therapy, and, I think that Okay. that makes sense Okay. to me. Right. So and I think you're talking about the anti myostatin of Correct. the adjunctive. Correct. Yeah. Okay. Great. And then you said there you said ex extend SPINRAZA, but did you mean so my understanding, these are the three, treatments that are in the pipeline, the antimyostatin. Yeah. There are there are studies to extend Xtend Zolgensma, the gene yeah, therapy. yes. It's Yeah. Yeah. Yeah. That's, So that's what yeah, I was saying. that's what Yeah. I thought you meant. Right. Two to eighteen, which was gonna be intra fecal injection one time. And then Yeah. there's also some studies of the high dose higher Yeah. dose of Hydospirazia. SPINRAZA. Have you heard about? Yeah. Yeah. Okay. Yeah. I think Any it's, yeah, I think it's, because, the dosage has been used in the standard dose, and, thoughts? I think, it's, I think the goal is this treatment is increasing SM one protein. And I think for some patients, I will say of, not optimal response. And, it just, to me, after injection, they just slow down progression. It has not been really stabilized the disease. And I think that this is a higher dose makes sense, probably, if they can increasing of, Okay. a more expression of, I say, with one protein. I think that Okay. is, a potential, obviously, boost of, enhancing the the Great. Great. efficacy. Okay. So I have brought up five themes on the screen all related to treating SMA. Doctor, could you pick two that are the most important to you when you're making your treatment decisions for SMA, please? Yeah. Two of them. Right? Okay. Mhmm. I think that definitely The two s that are is most important to yeah. you. S is definitely of, efficacy safety. That's that's always where our ultimate goal. And, I will say the other will be leading statement to choose more people MA than other treatment chosen by people. Yeah. I will say consistent daily. So if a second one, I will say leading statement in as I will choose. Oh, wait. Which one is the sec which one is also Yeah. So important I will put besides true to f? the s definitely, one of them. And, another one, I will say of, I would say, probably broader indication just to see the treatment Why? having, more broader. Yeah. I I will say take this too. Yeah. Why So is broad indication for why mechanism is that important? of action, Broad and I think, I think it makes sense if if mechanism of action is directly increasing, for SM and then, expression. So rather than squeezing, like, getting so I think, yeah, I think mechanism my accent if we're definitely thinking about I thought initially, mechanism is more like a between that PO and, like, a RA therapy. But if we definitely talk about the mechanism, we've more fundamental with, gene transfer. It's it's yeah. I've it. I've through this too. Okay. Why is this important systemic treatment that goes beyond the central nervous system addresses a driver of SMA severity by Okay. increasing Sorry. I I let me just look at the back. It's here. Systemic. Okay. I see. Okay. Yeah. So these are I think, with, that's what's the medication, what you gave you, the Spirotta, definitely. I think one thing they are deliver to centrally and, will be minimize a effect theoretically. And the the other treatment is more of a PO and IV, and this is definitely having a systemic effect. But, I I will not really I think this is definitely not it is, probably helping, but it's not, yeah, I I will say this is, if a central ETD word, it's definitely minimize, peripheral effect. And I think that's really fully utilized. That's reason with, the Spirotta, to do higher load, they probably not having, prefer effects. So I will have to say the mode of action is, one of the consideration to be. I guess I'm not Also I'm I just wanna yeah. make sure Yeah. I I I guess I just wanna make sure I'm clear. First, are the things that I have marked off, s and m, are those the two most important factors to you in choosing a treatment Let on me this page? let me double look double check that will be, because it's a very leading, statement, the broader, medication approval result, a range of, type of disability. Okay. Yeah. I think, if I put that, I I probably will just think about all of these. I probably might be putting the s and the c. Okay. Okay. Let's okay. So I know you talked about s already. Why is c important? I just getting treatment, consistently, and, you can definitely, dosing it every day and, just and just just make sure you have a consistent, treatment, you are controlled. And I think that's with, Okay. if with, yeah, I think that that probably you will be taking medication every day. You are not you are sure you are getting the continuous treatment daily. So I think that would be And do you associate that team with any specific SMA treatment? I think this is a probably PO medication, Aberysti. And how meaningful is that to you, the So the daily meaningful treatment I think that people offers? have a a different, approach. And I think one thing is that if with the injection, like, echo injection, you have our our maintenance dose. The maintenance dose that you do, every four months, and then you will be, expecting expression will be processed for that day. But when you the patient getting the the injection and, there's other factor can, really, to determine the duration, for that efficacy, what you did. And, Okay. for some patient, it might be before you do the maintenance next generate, you're still keeping a steady level. The other thing, it might be already drop off, but, you wait for the other cycle. So that's one thing people are thinking and but PO will be you will get every day, and then you'll have to know it is a a daily, a treatment, consistently. Okay. So that might Okay. be something. Great. Yeah. Awesome. Okay. So I wanna keep us moving. So I have five groups of messages to show you about Efrizi. And for this is our biggest group, f. For Yeah. each time I show you a group, I'm gonna ask you to rank them for me from the one that you prefer the most to the one that you prefer the least. And when you're looking at the messages, I'm gonna ask you to consider the bold with the unbold altogether. Don't just Yeah. consider the Yeah. headline. Yeah. Yeah. Yeah. Sure. Okay. So Yeah. if you could read through and then let me know. Okay. So, again, so this is, demonstrated, a long term, control of, product efficacy. I will definitely put in SE as a number one. And, also, secondly the second is, for SO is having sustained, stability over five years. And, SE with a a long term, efficacy, manageable probability. And, it's, the last one the the fourth one will be, given, I will say, s w, and then the s n will be the fifth. Okay. So talk to me about help me understand why. So why why was this one your number one choice, s c? Yeah. I think, if what we we have to really see the efficacy and, after, like, five year of a consistent, control progression. And I think that is, definitely of, really the goal of treatment. And, I think, efficacy definitely to me most, important. I definitely want to patient to choose a treatment, and the the patient will be, showing, optimal, outcome. So I think that's reason I pick up most of the the the front one more emphasizing, for efficacy, consistent efficacy, and, of, pace and tolerability, safety profile. And, so that will be and, definitely, tolerability long term and also with, achieving stability is a success. So, yeah, I think that this is, but, overall, I will Interesting. I will ranking as efficacy. Tolerability is more on top and, others will be Okay. So the messages that emphasize efficacy first or primary Right. the primary focus on efficacy are more powerful are more important to you than than the Correct. safety and tolerability. Okay. Yeah. Why did s c so s c and s o both really focus on efficacy. What was it about s c that you liked better than s o Yeah. I or think, that you write down? one one of the treatment is, to stop progression of disease, And I think that this is a long term control of the progression. So that's really of, what, one of the, the goal. It's, I think, it's it's a progressive disease and, control the progression, are are really the goal of this, anti this treatment. So I think we Right. definitely want to be achieving that goal. And, Yeah. That's helpful. Look at I just wanna look at your your bottom message, the one that you ranked the lowest. Yeah. Why So did I this think one this is, I think this is pretty general term. Just say natural history and stabilized, but others will be more specific. I think, will be Mhmm. and definitely, Mhmm. I just look at the, Iceland also. I think about the small words, say, of, feature function, and I think that pretty much, similar. Yeah. Okay. Anything else in any of these messages, whether in the headline or the sub headline that you liked or didn't like, any language that stood out I think to you? this is, this is good. I think, definitely with, really a five year what he mentioned about, this is, I think, the initial enthusiasm, but still after five years, still be, really a proven long term. So I think that is, the the biggest message to really, to believe the treatment, because this is not Mhmm. a transient, effect. It's Mhmm. definitely every year, go a year, or five years, and, they are really of continuous demonstrating, efficacy. So that's really suggesting a long lasting, treatment impact. Okay. Great. I have some so SOU ranks second. This was the headline of SO, and I've been given some alternate headlines. Okay. I wonder if you can tell me which headline you prefer. Yeah. I think, sustain the efficacy, that probably will be, more of, precise. And, with other, just a little bit general, just to say stability, these are, I think, it would be So the precision you appreciate the precision as opposed to the generalities? Yeah. Yeah. I could see. Okay. Yeah. Okay. Okay. Is this idea of, you know, this five years of demonstrating five years of, you know, long term control of SNA progression, is that how motivating is that idea to you overall? Is that, like, any new news, or is it you know, I wonder how compelling that is here, Yeah. So just I broadening. think when this, the treatment comes, and I think one, for questions that is what we have been observed initially is this is, a long term because it's progressive disease. You definitely need treatment to be, continuous Mhmm. long term impact. And I think, I think, of, with, average the I think, over five year experience, they definitely having, good data and, re summarize the five year milestone. And, they Okay. are definitely, really, I think, first five year to achieving, efficacy maintain this frequency. That's really believe this is a some treatment. It's a lot of benefit rather than a lot of treatment causing the transient improvement and then loss of, efficacy. This is, on Okay. the other. Yeah. Great. Alright. So that was our first bucket. Now we're on to our second actually, yes, our second one. Your all your feedback is so helpful, doctor, so thank you so much. If we could move on to this one and then ranking the messages from the most favorable to you to the least favorable. Yeah. So I will rank, again. So I you already like the biomarker level. So I'll be definitely, I see it's number one. And the number two is, we'll Wait. say Which one c which which one I'm sorry. Which one the is first number line, one? c s. Okay. Yeah. Okay. Great. And, secondly, will be of, production that's SMN protein daily, and, it's, similar, but this is definitely is the biomarker. And, the third one will be of, consistent impact Those two those, and I think that will be of, third one, and then the last one will be the fourth one. So help me understand why did this you Yeah. ranked them in order that they appeared on the page. I don't think Yeah. anyone's ever Right. done So that I think, the what you already have you say, any treatment, it's we know a clinical yet. outcome, but a lot of them are variable. But, what is a biomarker is really the key for a biological effect. And I think that these are really just showing of, SME protein level, after treatment, it's maintained, a level. So that's really it's the basis of clinical outcome. So I think this is definitely any of a detailed biomarker level and, level. That's really the key why the treatment is working. And I think that and the second one, the similar thing, this is just to say of, another word for the biomarker to say protein daily. Production of a protein daily. So I think that will be. And, the further one definitely be of, dose by dose. That was, this this design that you're taking every day and that you will get in a continuous treatment, day by day. And the last one is just, no waning, no wandering. So I think this is, I will say these are just simple to keep treatment. You don't have to be, worried about other things. So and when you say the biomarker, you're talking about the SMN protein. Correct. Is that what you're talking about? Yeah. Okay. So it's interesting, like, CD and CW also mention it, but they mention it in the it's not in the headline. It's in the text. I mean, Yeah. in the Yeah. text below in the subhead. What is it about the mention of the SMN protein levels in the first two that is more compelling to you about the way It's it's just straightforward. communicated? And, the other, like, no winning, no wondering, so that will be of, and then you definitely the small word gave you the steady level. Yeah. So I think that you just, I think it's just, the the the first two is just straightforward. It's just not really you have to be think about finish reading all the sentence to get idea. So this is just, They can just get it right from the headline. You correct. don't even have to Yeah. keep reading. Yeah. Yeah. And and just so just imagine I'm a complete idiot, but what is it about the way it's communicated in this one that you like what's it what's it about this one, the language with the SMN protein levels that you like better than than this one? Just to help me understand that a little bit more. I think it's the, what the r r definitely is saying, the level. And, you say the protein production protein, protein can be higher amount lower amount. They all produce in protein, but a certain level is really, dictate the treatment keeping, a high level of, Okay. SMO protein that's really having, translate to, better protection for the, the neuron. Okay. So I think that would be. Any feedback on the sub headers, this one versus that one? Fourteen. Level in blood. Yeah. So I think it it it doesn't, I will say, it doesn't make any difference because of this is a PO take Okay. and you definitely see the the level in the blob. But I think, it's, what in the CNS is, it's more of, meaningful button. If high level in blog, you can definitely translate it to be a a senior level in in the neuron. So, in CNS. Yeah. So I think that these are, I will say, this, I don't know whether these are making any difference, but I think that, the main thing, the the the block the the black word is more of a, making Okay. statement. Are you saying that it's more important to your patients, the impact on FMA, that there's it's more important to deliver it directly to the central nervous system than through the blood. Is that what you're saying? Yes. I think, the the the level in the blood, it's not really, doing of, I will say, directly translate to the neuroprotection in the central nervous system. Okay. Alright. Great. This is our next bucket of messages. If you could write tell me which one you prefer over the other one. Yeah. I would say it's, most children that is, ready to, I would say, for patient, definitely look at this. They are definitely, can expecting of more people believer of this. And I think, regarding only regarding, fundamental treatment, this is just an of, not, the detail. So it's it's more general. It's a fundamental treatment. But this is definitely most children, definitely gave a patient, had, idea. This is, medication a lot of patient choose. And I think that this is definitely from the the two thousand twenty four, just recent, QRISMA report. So I think this is, I I would impress with this. It's I I I think this is definitely be of, very interesting. So definitely impact impacting, a patient looking for this, Oh. Are you choosing this position. are you when you when you see this headline, Aviso is the most chosen treatment for SMA, who who do you think they're saying is making the choosing? Are they is that saying that Aviso Oh, no. I think is most that's chosen? and, impatient in combination. Yeah. Oh, I see. Like a collective decision. Correct. I see. Interesting. But you said you were impressed with that second statement. Tell tell me more about Yeah. that. Why So why are I you think impressed it's with just this? the individual practice, has a lot of, BS. Like, the reason I told you was our experience. And because we start pretty early with SMA patient with SPIRRAZA at the time and all others, and I think we definitely see a lot of number to already on the treatment. And, I think, they'll hesitate to switch, without an obvious reason. But, I think a lot of our patient probably see a lot of naive patient means, like, they are at the beginning. So and up, but definitely, Everestis seem to be, getting, more of choices that suggesting, really overall in the field. Because I cannot use in my, PR's opinion. I definitely want to see, for overall community have because they have definitely more patients and more, physician making decision. And I think that's come up with, definitely of, most children. And I think that this is, I would say to me, it's, it it it's it's credential. I think it's a good credential for the treatment. Does it impact how you feel about Epirusy saying this? Yeah. I will definitely just, more believe this is, definitely, becoming of, in larger communication community. They probably became a more preferred treatment. And I think, That's interesting. of, and I think, when we counsel the patient using that, and I think this message is definitely impacting the patient, to really Okay. choose. I have an alternative headline. That one that you like the most, obviously, it said, Evircede is the most chosen treatment for SMA. An alternative headline would be to say Evircede is the number one prescribed treatment for SMA. Yeah. I think, just from the data, two thousand twenty four, and I think the number one will be more appealing. This is definitely Okay. very, very, appealing. So, But I will it say sounds it's like useful. that the this this am I am I understanding correctly that this, though, was important to be able to see where that data came from, the two thousand twenty four Cure SMA Yeah. blah QRISMA, blah blah state of the SMA reports SMA report, they are pretty, up to date of, gaming upstate information. And, I think the QRS SMA is a very closely, data, and they have a definitely more comprehensive data, really not, be asked by different center and the different experience. Okay. And, I think they could be yeah. It's very, I think a a lot of patient taking their messages seriously, their statement. Okay. And physicians too. I mean, I Yeah. obviously, Yeah. these The these committee. messages are meant to be directed at physicians. Okay. Correct. Yeah. I have two more two more buckets to go. Your feedback is so helpful, doctor. So which of these two is would you prefer more? Do you prefer more? Oops. Yeah. I I like the, the first, first one, b r. And, what the r definitely just gave you of, because we we see a lot of, SMA patients, with a different, severity and different profile, older, younger with, different thing, and they are definitely reliable choice. I mean, you don't need worry about your, like, of, spine deformity injection and different thing. They are just going to getting the medication treatment. Not to worry about, other thing and not worry about I mean, these are for really for patients that don't have to be considered other factor. And I think this is, I to me, this is a make a lot of sense. Yeah. That's so interesting. What do you think about this word, oops, reliable? Yeah. It's a reliable So does that I think, what does that mean? really, just I don't think when you are definitely using the treatment, you are definitely be, have a high, I will say the benefit of treatment is consistent and, with the other thing, not really, factored by other factor, like, of, other with with other treatment, like, of, injection, dosing, and, procedure. So this is definitely, I think, a reliable choice. What means you can definitely, by the way, capital making Okay. that decision. I'm not sure I'm not sure I understand a hundred percent why you prefer b o VR over BP. I hear you talking about that the breadth of, you know, applicability is meaningful. But what was it I'm sorry if I missed it. But what specifically is it about VR that makes you Yeah. like it better than BP? So I think, you can definitely I think, the b BP, they said a wide range of, type and, different thing. But, the the the first one, it's just for every patient. Yeah. You can definitely Yeah. Yeah. be not really, so this is definitely more, competent, more like, let me That's say. all encompassing. Yeah. You Yep. Yeah. will Yeah. Yeah. Perfect. you regard whatever your condition, you're making this decision, you, lastly, Yeah. be wrong. So Yeah. Great. Great. Very helpful. Thank you so much. Okay. Last group of messages. If you could rank them for me. Yeah. Yeah. So, I think, I will be, I think what they basically say of, this is systemic disease and re really require systemic treatment. I think the the main that it's because a lot of people say, like, a SPIRAZA, it's more, target, deliver concentrated target, not having peripheral. But what it probably matters is that, if you have a high level of, SM one one protein in the blood, it's going to be delivered to the central nervous system. And, it's, from a I think you will be really the level in the blood, systemically will be probably, guarantee of your body exposed to this protein. But, with the entire host cell, it's re getting this, it's probably more beneficial. But, I will say these are definitely to emphasizing systemic disease requires a systemic treatment. It's, to me, it's it's new, but I can understand. To me, it's a changing my thought in the begin before. And I I already thinking about, this is the CNS and, but I realizing this is just protein even everywhere, even in the blood. It's going to be delivered, just blood full of blood delivered to central nervous system. So I think that's what be, it's not really issue or can definitely be, because of it's not causing side effects. So I would be yeah. I will definitely put one in systemic cost systemic treatment. And, I think we just need to be, raising the level over body and then until our cell is more target and getting of, a consistent, of, supply of protein. So I think that would be and I yeah. I think this one secondly second one is, I will say, just, the first one is more strong statement. Second one, just, in the, how we say, of, just taking more more word and stating the same thing. But I think the first one is straight enough to say, I think it's, it's simple. It's better. And, the last one will be of, production needs, I just say, show up everywhere. It means like, even your central nervous system is required, but, we having supply of this protein. Anywhere in the body, you always whenever place you need it, you you will get that. So I think we'll be but I I think that the the main thing is a systemic illness and, okay, systemic treatment is Did I get the did I get did I get the ranking correct yeah. based on I Yeah. was trying to interpreting what you're saying. Okay. So there's something specifically about this headline and it's the directness of it and anything else about it being what if you were to summarize why it was that this headline was the most powerful for you. Yes. I think, traditionally, people are thinking about, if, the the really anterior c CNS spinal cord, they really need this protein to protect neuron. But, but often, if, you deliver direct there. But the problem is that if you are definitely giving injection and, you cannot do the CNS injection consistently, like, everyday or, like, every other month you have to do periodically, And, how much those neuron is really what you deliver there and, how much is those are it's going to be of, Okay. like, Okay. persistent there. Can But with the system is that you definitely have in constant supply of taking the medication. I You have blood continue supply, to this CNS, area, ask? Yeah. Okay. neuron needed. So that is another thing will be just more of a, K. Okay. So continuous it sounds like supply. the word systemic Yep. Systemic was very important yeah. in this message. Correct. Okay. This Yeah. one this message call this says systemic disease calls for systemic treatment. What if it said systemic disease requires systemic treatment? Which one I do think you like it's better, similar. calls or I requires? I think it is similar. It will be you will, with systemic disease, you, do do systemic treatment, you always have a better chance to not missing some supply of, SMN protein. Okay. I need to move us along to our last thing we're gonna do today just to give them the time. Now I know that I this has a crazy amount of information on the page, so Yeah. I appreciate Yeah. that. Okay. What I'm gonna ask these are all the messages we looked at. I'm gonna ask you just to look through them and tell me which five at the end of the day, which five sort of do you prefer the most? Which five sort of impact you the most? And you don't need don't feel obligated to pick one from each group. You Yeah. could Yeah. pick all five from one or two from one or blah blah blah. Yeah. So I think number one is that, to me to to me, I definitely learned is, the number one choice of, I I I need to find where it is, the number Yeah. one Where choice. is that? And, I think that that's really appealing for a patient definitely for yeah. So secondly will be of, I will say, meaningful to say, a systemic. Then, yeah, let me go to another of, a long term efficacy and, with manageable, well Is done. it m r, the one that that you're saying system the one we just looked at? Yeah. Yeah. Yeah. Yeah. So yeah. sent. So Okay. that's what we secondly, another So those are your are are those your are you saying those are the two most important? So I I'm gonna and then we'll get to yeah. the other So three. But, yeah, I keep will going. need to choose Okay. one of the efficacy of, the, I'm looking at in the first, column to to demonstrating long term. I think that's I'm looking at the level of, protein, maintain the level of protein, This just a biomarker. Let me see is where it is. I think I Yeah. So I don't I think wanna put a words a five in. year sustained, demonstrate long term control progression. I see definitely is another one. I see. It's not ISO. I see. Oh, s c? Yeah. I see. Yeah. Yes, sir. Thank you for correcting me. And, let's look at that. Protein level, it's a, CS. Mhmm. No. CS. Yeah. Yeah. Yeah. CS. And the last one will be of, yeah, I think it would be, MG. So increase level everywhere. It is, in the body. No. And I think this is probably and just not. Yeah. which one which two are the most important to you? Was it the first two you mentioned or no? So I do say for it's most important it two most important will be of, the SC, long term control. Secondly, will be, obviously, of, one choice, I think, of where it is number one choice. Yeah. Yeah. So I think this one. Yeah. LR. Yeah. So So just stepping back, I'm gonna close this for a second. But stepping back on everything we showed you I showed you today, what are your thoughts about everything you saw? Do you think anything is gonna make an impact on how you think about Yeah. I think, I think people are definitely adversity? look at the data. It's, really of, from different group. So the opinion is, not really of, consistent. You see some of the publication that one group of patient has, definitely the efficacy. And, because this is two treatment, making decision to see which one is, more predictable, better outcome. That's really the key. The place definitely want to want want first thing. Which one works better means, like, the outcome. And the TLP, you definitely want to see which percent, had a chance. For example, if, say, it risky, maybe sixty percent chance, the other one will be forty percent. So that's reason. And I think that's that's really of, I would say people have to look at comp comprehensive data to getting that. But I definitely learned from this, last year of I heard about that, but I would just need to be when you and see that to see from, FQ or SME, they had, the the number one already. Definitely had that. That's already be of, some compatible, data, to getting that, DC. Like so this is definitely, new to me. And, secondly, I think I just gave them this. People always thinking about, like, a PO medication. It's getting an invasive procedure. Definitely right now, a lot of lot of people definitely do not want the invasive procedure. They are they are naturally BPO. But for some other patients, definitely having question whether the the PO if I take it do I get in this the continuous supply or the the intrathecal, they deliver that drug to the site and then will be automatically but not the case. Yeah. And I think it's just a different metabolism and different level of, so I think unpredictable to see because of so I think it make a lot of sense to see. I think now data is, having more benefit with the Everest d. So I think that that that basically the data, patient and, the community and the physician should aware. And I think that's we definitely want to do the best for patient. And, knowing this is, pretty better outcome is always the key because since we have a two treatment. With one treatment, we want to switch to the other one because it's difficult to make a bad decision. Great. Yeah. Doctor, so helpful to talk to you. Thank you so much for making the time to do this. Thank you. I really appreciate it, and Thank thank you you for very the much. work that you do. Thank you. Bye Okay. bye. Bye. Alright. Thank you.

